

Smoking Policies And Practices In State Psychiatric Facilities

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Goals

- Identify the factors that contribute to a **high morbidity and mortality rate** for individuals with a mental illness
- Examine the **role of tobacco** use in these increased rates
- Review results of state hospital surveys on smoking policies
- Discuss implications of the findings

People with serious mental illness die, on average,

25 years earlier

than the general population.

- Lutterman et al (2003)

Causes of Death

- Suicide \approx 30%
- “Natural Causes” \approx 60%
 - Cardiovascular disease
 - Diabetes
 - Respiratory diseases
 - Infectious diseases
- Many of the risk factors for these “natural causes” of death are modifiable, such as **smoking**, obesity, and inadequate medical care.

Co-Occurrence of SMI and Nicotine Addiction

- Approximately **80%** of persons with mental illnesses are smokers¹.
- Individuals with a mental illness are about **twice as likely** to smoke as other persons².
- Persons with mental illnesses constitute approximately **44-46%** of the US tobacco market³.

- 68% of people with schizophrenia are “heavy smokers” (25+ cigarettes per day)⁴
- Individuals with a mental illness smoke differently from other smokers⁵
- Consequently, these individuals have 2-3 times the risk of developing tobacco-related medical illnesses as the general population ⁶

Neurobiological Connection

- Smoking can reduce the blood concentrations of a number of psychiatric medications⁷⁻¹⁰
- Potentially higher doses needed to achieve a therapeutic effect⁶

Tobacco Use and SMI

- Contributes to morbidity and mortality
- Impact pharmacological treatment
- Significantly affects income

Cost of Cigarettes

- 1 pack of cigarettes = \$5.25
- 1 Pack per day x 30 days = \$158/mo.
- 2 packs per day x 30 days = \$315/mo.
- Federal Benefit Rate (SSI) = \$674/mo.
 - Minus rent
 - Minus food
 - Minus utilities
 - Minus med co-pays
 - Minus...

NRI SURVEYS



NRI Surveys

- Survey of State Hospital Smoking Policies
- 2006 and 2008
 - Demographics
 - Barriers to going smoke-free
 - Concerns for adverse effects
 - Tx options
 - Staff training

Definitions

- **Smoking:** A legalized form of tobacco in any form (e.g. cigarette, cigar, chewing tobacco, pipe) regardless of the age of the individual served.
- **Facility premises:** Buildings, balcony, patios, courtyards, areas adjacent to exit doors, parking areas and lawns.

2008 Non-Smoking Definition

Smoking is **prohibited** on **all** facility premises (indoors and outside). There are **no** designated smoking areas on the campus; the facility is **totally a smoke-free campus**. The policy applies to clients, visitors, and employees.

RESULTS

Response Rates

- Participating hospitals

- 2005: N = 124 (55% response rate, 45 states)
- 2006: N = 181 (82% response rate, 44 states)
- 2008: N = 164 (75% response rate, 43 states)

Hospital's Smoking Policy: 2006

- 74 hospitals were non-smoking (41%)
- 107 hospitals permitted smoking by patients (59%)

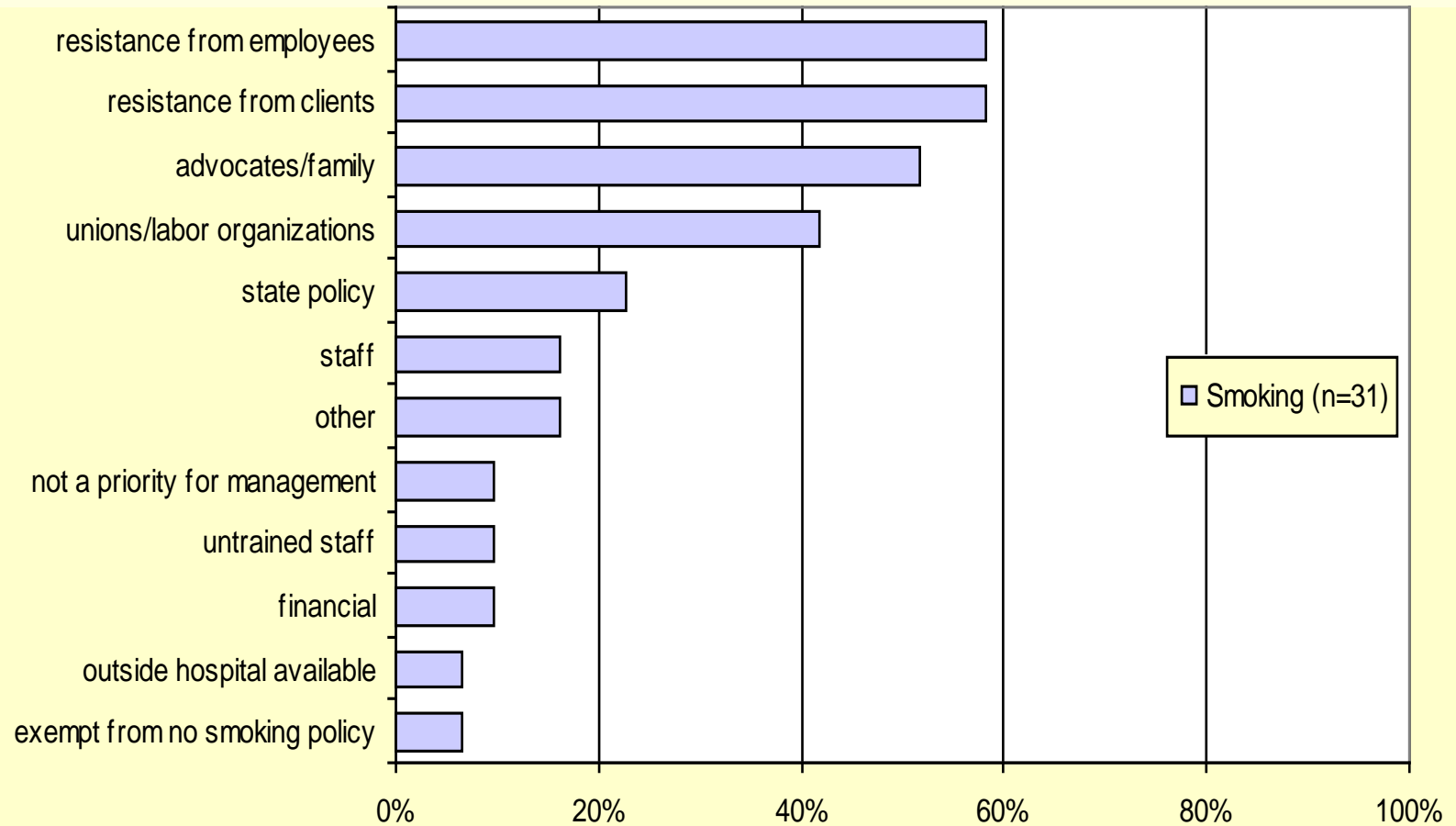
Hospital's Smoking Policy: 2008

- 80 hospitals were non-smoking (49%)
 - None allow the sale of tobacco product or the use of smokeless tobacco
- 84 allowed smoking (51%)
 - 7 had designated smoking areas indoors
 - 35 allowed smoking outside (42%)
 - 42 allowed smoking outside only in designated areas (50%)
 - Additionally, 32 allow the sale of tobacco (39%) and 35 allow the use of smokeless tobacco

Future Policy Changes

- 39 hospitals categorized as smoking plan to change their smoking policy
- Prohibit smoking altogether
- 46 will also address smoking among staff

Perceived Barriers to Smoke Free Environment: 2008

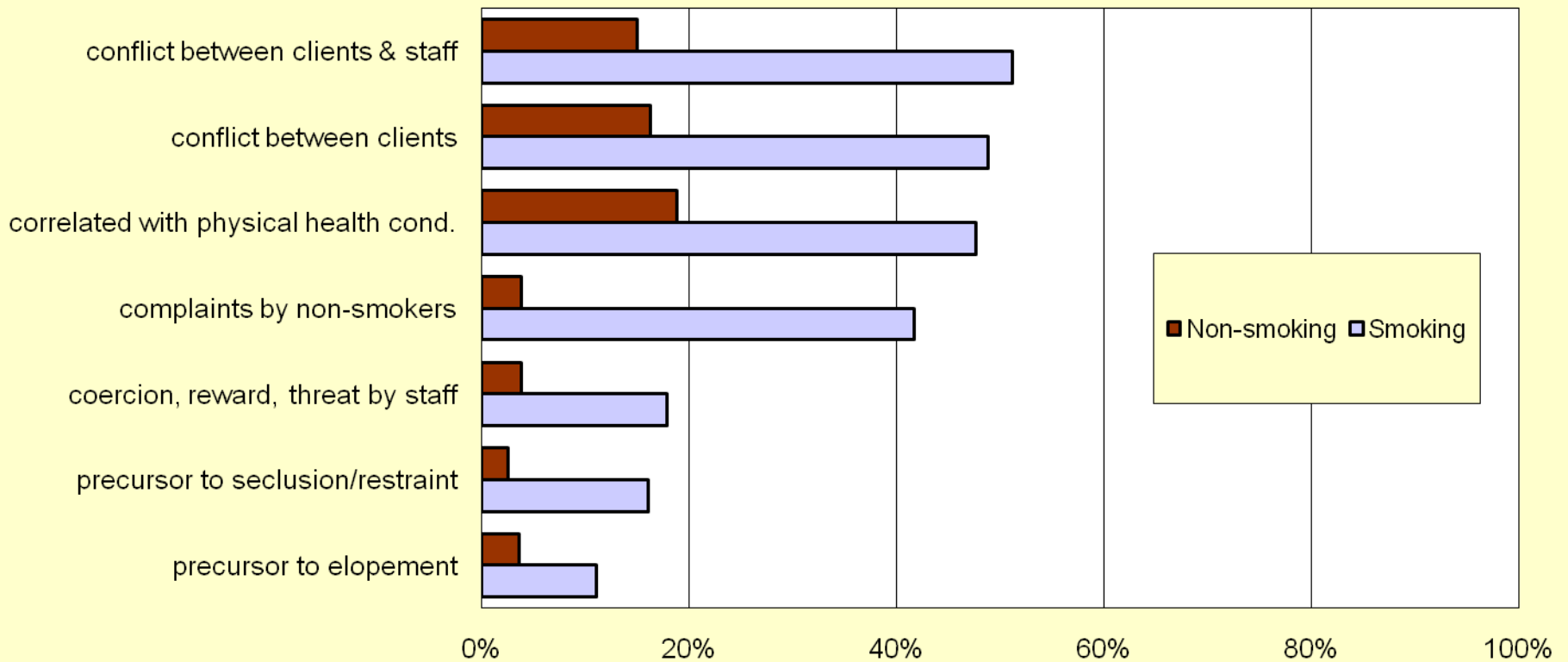


Milieu Concerns

- Conflict among clients
- Contraband
- The potential for fires
- The potential for elopement
- The potential for unplanned departures

Problematic Impacts of Current Smoking Policy: 2008

Percent of Facilities Indicating Issue



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INTAKE

EDUCATION

TREATMENT PLANNING

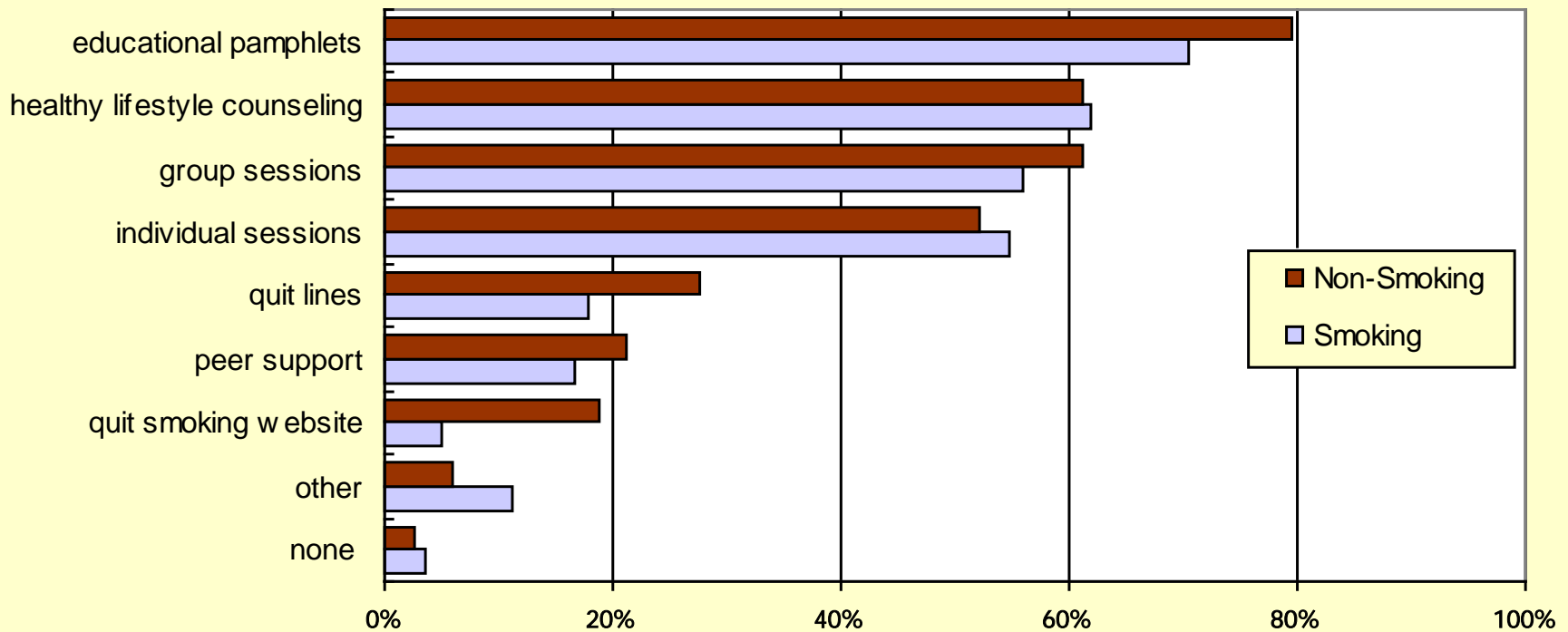


Assessment and Education

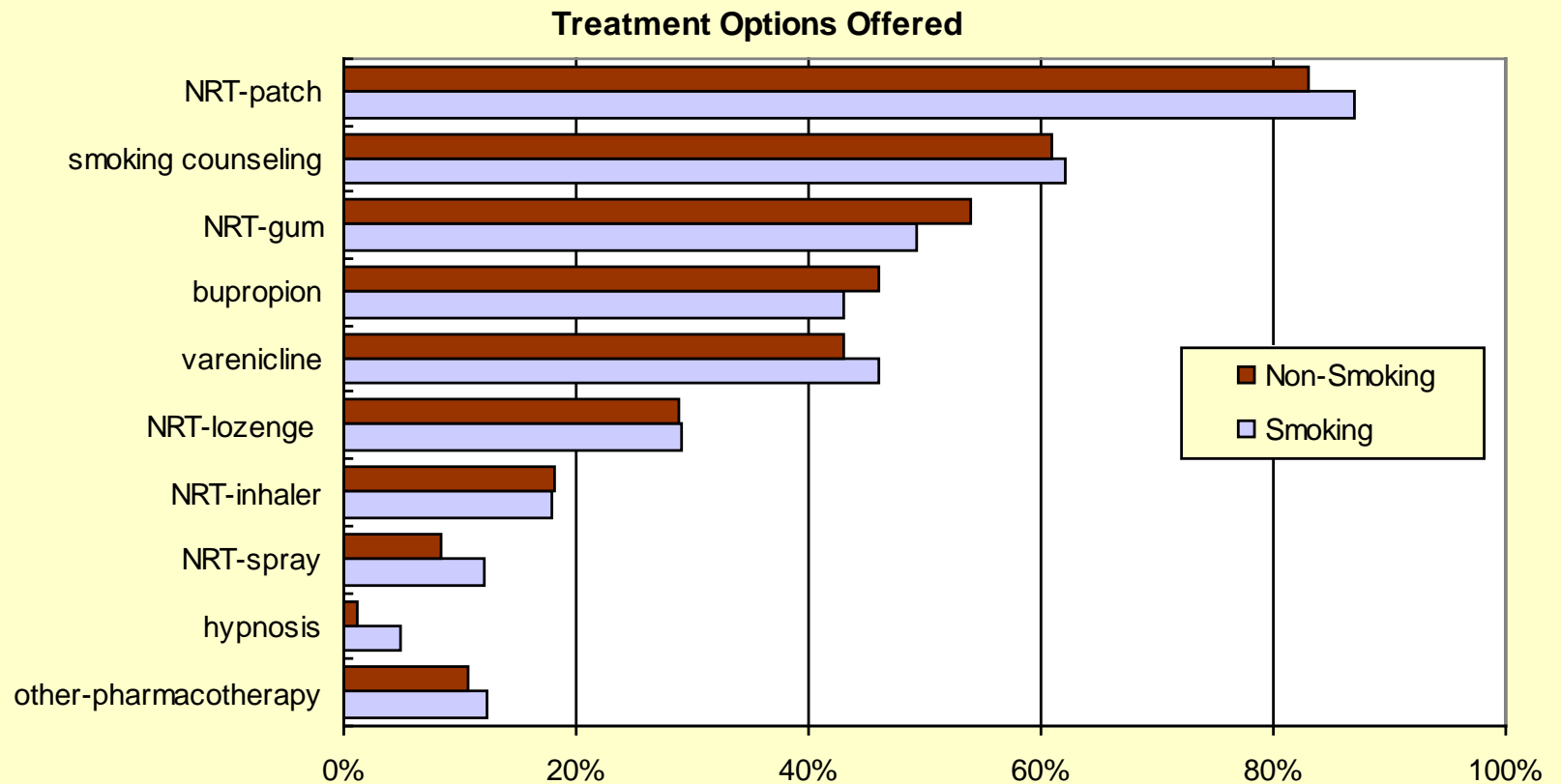
- Assess an individual's smoking status at intake:
 - 94% of non-smoking facilities
 - 88% smoking facilities
- Provide smoking education at intake:
 - 51% of non-smoking facilities
 - 36% of smoking facilities
- Provide smoking education during treatment:
 - 66% of non-smoking facilities
 - 56% of smoking facilities

Resources Used

Use of Resources on Risk of Smoking



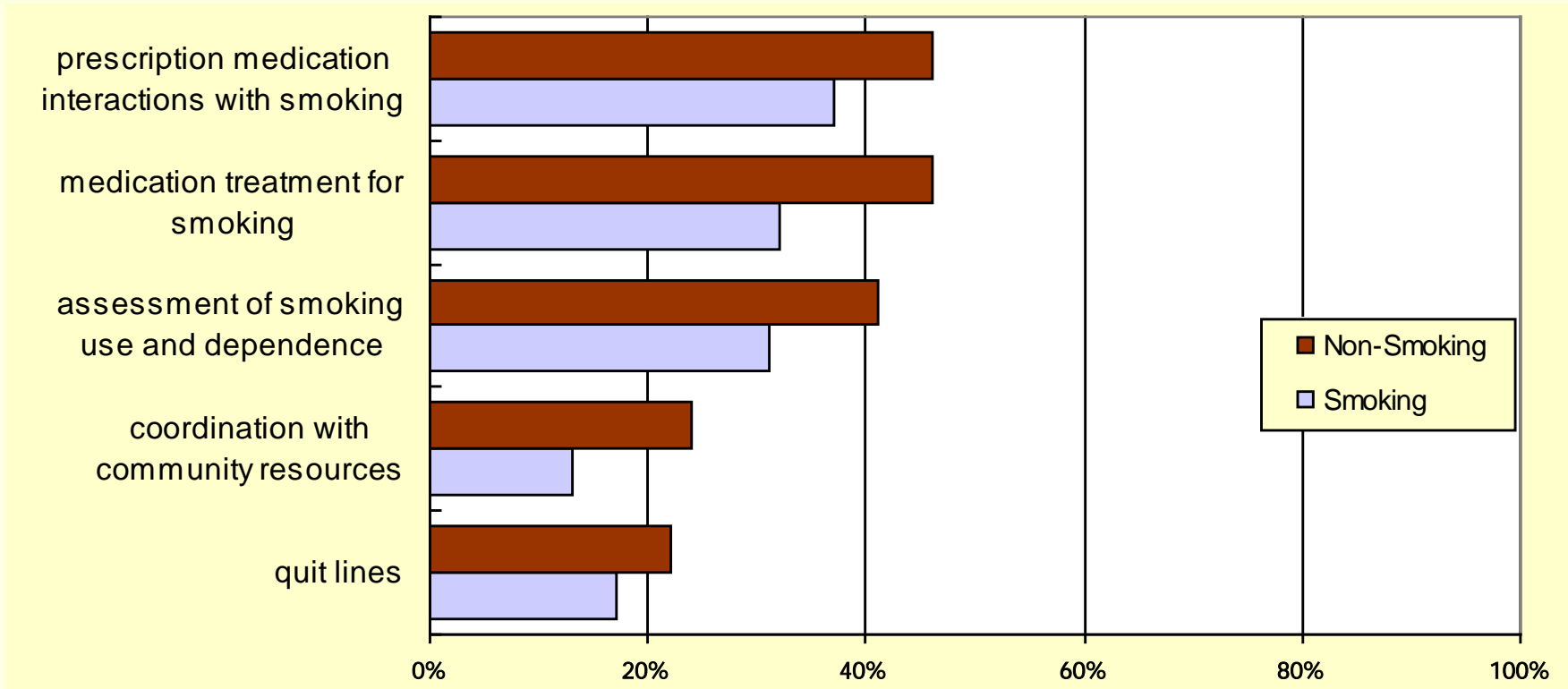
Treatment Options Offered



Aftercare Planning

- Only 14% of non-smoking and 11% of smoking facilities addressed smoking status in discharge planning.
- Majority of facilities do not refer for smoking cessation treatment upon discharge.

Specialty Training for Clinical Staff



CONCLUSIONS

Conclusions

- Non-smoking policy does **NOT** increase conflicts, fires, elopement, or contraband.
- There are gaps in the continuity of smoking status information in the assessment - - - treatment - - - discharge plan process.
- There are missed opportunities to provide education on risks of smoking while resources are available.

Conclusions

- Staff-training specific to smoking issues is limited.
- Additional hospitals are adopting smoke-free policies each year.

Future Directions

- The Joint Commission is moving towards global measures of smoking that apply to all clients in hospitals.
- National surveillance system of health indicators



2008 NRI Study

Lane, Jr., G.M., Werdel, M. B., Schacht, L., Ortiz, G, and Parks, J. (2009, January). Smoking policies and practices in state psychiatric facilities: Survey results from 2008. Alexandria, VA: National Association of State Mental Health Program Directors Research Institute, Inc. (NRI).

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